

Revised December 1976

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR  
9990000465

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pump and Eng. Co.  
Business Address: 2501 1/2 W. Manchester Ave. (City) Ind. (State)  
Telephone Number: 778-1642 (Area) 483 (Office)  
State Liquid Waste Hauler's Registration No. (if applicable): \_\_\_\_\_

Job No.: 00650 No. of Loads or Trips: \_\_\_\_\_ Unit No.: \_\_\_\_\_  
Vehicle:  vacuum truck  barrels,  flatbed,  other (specify) \_\_\_\_\_

The described waste was handled by me or the person in charge of the facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title: [Signature]  
Name (print or type): [Name] Code No. \_\_\_\_\_

Site Address: \_\_\_\_\_ State fee (if any): \_\_\_\_\_  
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RCODB regulations, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_  
Handling Method(s):  recovery  treatment (specify): \_\_\_\_\_  
 disposal (specify): \_\_\_\_\_  
Examples: incineration, neutralization, precipitation, landfill, injection well

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_  
Disposal date: 9-28-79  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of operator and title: [Signature]  
Name (print or type): \_\_\_\_\_  
The site operator shall submit a legible copy of each record to the State Department of Health with monthly fee reports

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Los Lok Corp. Code No. \_\_\_\_\_  
Pick up address: 1344 Main (Street) \_\_\_\_\_ (City)  
Telephone Number: 213-331-2275 P.O. or Contract No. \_\_\_\_\_

Date: \_\_\_\_\_  
Order placed by: \_\_\_\_\_  
Type of process which produced wastes: \_\_\_\_\_  
Examples: metal plating, equipment cleaning, oil drilling—Code No. \_\_\_\_\_  
macerator treatment, plating bath, petroleum refining

DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- 1.  Acid solution
  - 2.  Alkaline solution
  - 3.  Pesticides
  - 4.  Paint sludge
  - 5.  Solvent
  - 6.  Tetracycline sludge
  - 7.  Chemical coolant wastes
  - 8.  Tank bottom sediment
  - 9.  Oil
  - 10.  Drilling mud
  - 11.  Contaminated soil and sand
  - 12.  Cemetery waste
  - 13.  Water waste
  - 14.  Misc. and water
  - 15.  Brine
- Other (Specify): \_\_\_\_\_ Code No. \_\_\_\_\_

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), acetals (list), organics (list), cyanides

	Upper	Lower	ppm
1.			
2.			
3.			
4.			
5.			
6.			

Hazardous Properties of Waste:

- toxic
- flammable
- corrosive
- explosive
- irritant
- reactive
- other (specify) \_\_\_\_\_

pH: 10.80

Bulk Volume: \_\_\_\_\_ gal \_\_\_\_\_ drums \_\_\_\_\_ cartons \_\_\_\_\_ other (specify) \_\_\_\_\_

Containers: \_\_\_\_\_ solid \_\_\_\_\_ liquid \_\_\_\_\_ other (specify) \_\_\_\_\_

Physical State: \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and is now delivered to a licensed liquid waste hauler (if applicable) I certify (or declare) under penalty of perjury that the foregoing is true

Signature of authorized agent and title: \_\_\_\_\_

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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